

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598552

FILING DATE

11 APR 2007

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/			
2		/	/			
3		/	/			
4		2	/			
5	1		/			
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TOTAL IND.	2		2			
TOTAL DEP.	4	←	3	←		
TOTAL CLAIMS	6	█	5	█		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.		←		↓		
TOTAL CLAIMS		█	5	█		